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CONFIRMATION NO. 4109

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 10/563,825 | | 604 | 3767 | P71031US0 |

APPLICANTS

Vincent Saldell, Akersberga, SWEDEN;

**** CONTINUING DATA *******

This application is a 371 of PCT/SE04/01124 07/09/2004

**** FOREIGN APPLICATIONS *******

SWEDEN 0302036.9 07/09/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

03/30/2006

| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | | | |
| Verified and Acknowledged | /ANDREW M GILBERT/ Examiner's Signature | Initials | SWEDEN | 9 | 20 |
| | | | | | 1 |

ADDRESS

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TITLE

Device for protection of a needle of a medical device

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|-----------------------------------|---|---|
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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